

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

32958

FILED OCT 1 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8562	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1415 Hills Terrace				d. STREET ADDRESS (If rural, give location) 11 1415 Hills Terrace			
3. NAME OF DECEASED (Type or Print) Virgil		a. (First) A.		b. (Middle) Gentry		c. (Last)	
4. DATE OF DEATH Sept. 10, 1952		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH Mar. 6, 1891		9. AGE (In years last birthday) 61		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Paducah, Ky.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Edward Gentry				13b. MOTHER'S MAIDEN NAME Mary Jones			
14. NAME OF HUSBAND OR WIFE				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes			
16. SOCIAL SECURITY NO. W.W.#1				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Cloonan, 3310 Wisconsin			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Fr skull; Brain Injury when he slipped and fell in front of 4700 E. Astor on about 1205 pm on Sept 8th, 1952 DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 500 Accident			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21a. ACCIDENT (Specify) Accident			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY Sept 8 52:20				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? E9038				22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 655A m., from the causes and on the date stated above. 20			
23a. SIGNATURE (Degree or title) Patrick E. Taylor Coroner				23b. ADDRESS 1300 Clark			
23c. DATE SIGNED 9.12.52				24a. BURIAL, CREMATION, REMOVAL (Specify) Burial			
24b. DATE 9-12-52				24c. NAME OF CEMETERY OR CREMATORY National			
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, M.				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Honpa, 4700 Washington			
DATE REC'D BY LOCAL REG. SEP 12 1952				REGISTRAR'S SIGNATURE J. Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~ or by Mr

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. C. Jones, Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.